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|  | <b>INDIANA DEPARTMENT OF CHILD SERVICES<br/>CHILD WELFARE MANUAL</b> |                                     |
|   | <b>Chapter 8:</b> Out-of-Home Services                               | <b>Effective Date:</b> July 1, 2015 |
|   | <b>Section 29:</b> Routine Health Care                               | <b>Version:</b> 4                   |

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| <b>POLICY</b> |
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For every child in out-of-home care the Indiana Department of Child Services (DCS) will ensure that a general health exam is scheduled within 10 business days of placement.

**Note:** A general health exam must consist of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, known in Indiana as HealthWatch.

The general health exam by the child’s pediatrician, family doctor, or general practitioner will include screens for physical, dental, visual, auditory, and developmental health.

**Exceptions:** An initial general health exam is not mandatory, if the child:

1. Was placed directly from a hospital or physician’s office; or
2. Had a documented medical examination within 30 days prior to placement, as part of a Child Abuse/Neglect (CA/N) investigation and the child is exhibiting no signs of illness or new injuries.

DCS will ensure that a mental health screen is completed within five (5) days of removal or case opening for all children for whom DCS has care and supervision.

DCS will ensure that an initial dental exam and cleaning is scheduled no later than six (6) months after the date of the child’s last known exam and cleaning. If no records exist, the child will receive an initial exam and cleaning within 90 days of placement.

**Note:** DCS will not be financially responsible for cosmetic procedures (e.g., braces, Lasik eye surgery, or acne treatments) not covered by private insurance or Medicaid, nor will a Family Case Manager (FCM) offer such services.

DCS will ensure timely and appropriate follow-up care and treatment, if any physical, mental, dental, visual, or developmental health issues are identified in the initial, general health exam, or at any point thereafter. The following are additional routine health care services:

1. Physical health check-ups, including immunizations, according to the schedule set forth by the American Academy of Pediatrics, as recommended by the child’s primary care physician;
2. Dental exams and cleanings every six (6) months;
3. Vision exam every 12 months for a child with corrected vision (e.g., eyeglasses or contact lenses); and

**Note:** For all other children in out-of-home care, the vision screening performed by the child’s primary care doctor at the time of a physical health check-up or those performed at the child’s school is sufficient.

4. Hearing exam every 12 months for a child with corrected hearing (e.g., hearing aid or tubes) or as recommended by the child's physician.

**Note:** For all other children in out-of-home care, the hearing screening performed by the child's primary care doctor at the time of a physical health check-up or those performed at the child's school is sufficient.

#### Code Reference

[IC 31-28-1-3: Health Summary Record](#)

### PROCEDURE

#### **Family Case Manager Responsibilities**

The FCM will ensure that:

1. The Child and Family Team (CFT) is included in the planning and decision making process for the child's ongoing medical care and treatment. See separate policy, [5.7 Child and Family Team Meetings](#);
2. The child's physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and the resource parent(s). See separate policy, [8.27 Maintaining Health Records – Medical Passport](#);
3. The resource parent(s) is informed of their responsibilities, as described in [Resource Parent\(s\) Responsibilities](#);
4. The resource parent(s) is provided with a copy of this policy and that he or she understands the requirements for all initial and routine health care exams as well as follow-up exams and treatment;
5. Requests for cosmetic procedures not covered by private insurance or Medicaid are denied. The FCM should discuss any questions and/or concerns regarding cosmetic procedures with his or her Supervisor.
6. The child's [Medical Passport \(DCS Pamphlet 036\)](#) is reviewed and updated at each visit with the resource parent(s). Refer to separate policy, [8.10 Minimum Contact](#); and
7. The child's parent, guardian, or custodian and CFT are updated about the child's medical care. See separate policy, [5.7 Child and Family Team Meetings](#).

#### **Resource Parent(s) Responsibilities**

The resource parent(s) will:

1. Schedule necessary health care appointments and provide or arrange transportation for the appointment, enlisting the assistance of the CFT as needed. See separate policy, [5.7 Child and Family Team Meetings](#);
2. Ensure the child receives all initial and routine health care exams as well as follow-up exams and treatment as outlined in the [Policy section](#);
3. Ensure the child is provided and/or offered specialized care and treatment based upon the child's individual assessed needs (e.g., therapy, counseling, medication, drug and alcohol testing and/or treatment, etc.);
4. Ensure the child receives developmental screenings if developmental delays exist or are suspected;

**Note:** Developmental screenings are completed through First Steps if the child is less than three (3) years of age, and through the school corporation of legal settlement if the child is over the age of three (3).

5. Obtain treatment authorization prior to any non routine, non emergency care, and mental health treatment. See separate policy, [8.26 Authorization for Health Care Services](#);
  6. Obtain payment authorization prior to any treatments that are not covered by the child's Medicaid or private health insurance. See separate policy, [8.28 Payment for Health Care Services](#);
  7. Seek emergency care for the child for the following:
    - a. Serious injury or illness;
    - b. Serious dental issues (e.g., broken teeth, bleeding gums, etc.);
    - c. Mental health issues that place the child at risk for harming himself or herself, or others; and
    - d. Serious vision issues (e.g., the child's glasses or contacts are broken or lost).
  8. Document all care and treatment received in the child's [Medical Passport \(DCS Pamphlet 036\)](#). See separate policy, [8.27 Maintaining Health Care Records – Medical Passport](#);
- [NEW] Note:** The [Medical Passport \(DCS Pamphlet 036\)](#) will remain with the child and in the possession of the resource parent(s) until the child leaves the placement or exits foster care, see separate policy, [8.27 Maintaining Health Records – Medical Passport](#).
9. Immediately inform the FCM of any serious injuries or illnesses experienced by the child; and
  10. Sign a copy of this policy to acknowledge understanding of and agreement with it's terms.

## PRACTICE GUIDANCE

### **Placement Changes**

It is not necessary to obtain a general health exam for the child if his or her placement changes unless the placement change was due to allegations of CA/N or the child is exhibiting signs of illness and/or injury.

### **Continuity in Child's Health Care**

Every effort should be made to take the child to the health care providers that cared for the child before he or she was removed from home. The FCM should get the health care provider contact information from the parent, guardian, custodian, or other family members.

## FORMS AND TOOLS

[Medical Passport \(DCS Pamphlet 036\)](#)

## RELATED INFORMATION

N/A